

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819035

(7)

1. Corporation Name

WYLE ELECTRONICS, INC.

Principal Place of Business

15370 BARRANCA PKWY
IRVINE CA 92718
US

Mailing Address

P.O. BOX 57008
IRVINE CA 92619-7008
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 P.O. Box 19675		09/22/1965		04/24/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Irvine, CA		95-1779998		Not Applicable	
24 Country		29 92623-9675		5. Certificate of Status Desired		8.75 Additional Fee Required	
		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	
NAME	OZORKIEWICZ, RALPH L.	1.2 NAME	
STREET ADDRESS	15370 BARRANCA PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	
TITLE	EVPT	2.1 TITLE	
NAME	HOLLAND JR., R VAN NESS	2.2 NAME	
STREET ADDRESS	15370 BARRANCA PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	
TITLE	SVPA	3.1 TITLE	
NAME	NATCHER, STEPHEN D	3.2 NAME	
STREET ADDRESS	15370 BARRANCA PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	
NAME	CLOUGH, CHARLES M.	4.2 NAME	
STREET ADDRESS	15370 BARRANCA PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WYLE, FRANK S	5.2 NAME	
STREET ADDRESS	15370 BARRANCA PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WAINER, STANLEY A	6.2 NAME	
STREET ADDRESS	15370 BARRANCA PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

DATE: 11-1-97

(714) 752-9952

CR2E034 (9/96)